

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Realtors Congressional Fund

ADDRESS (number and street)

430 North Michigan Avenue



Check if different than previously reported. (ACC)

Chicago

IL

60611-4011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488742

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

20

2016

through

M M M / D D D / Y Y Y Y Y Y

11

28

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

McGrew, Michael, C.,

Type or Print Name of Treasurer

Signature of Treasurer

McGrew, Michael, C.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

08

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 20 / 2016 To: M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		1225523.87
(b) Cash on Hand at Beginning of Reporting Period.....	340274.12	
(c) Total Receipts (from Line 19)	62450.00	10727393.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	402724.12	11952917.76
7. Total Disbursements (from Line 31).....	118996.50	11669190.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	283727.62	283727.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	0		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	8		2	0	1	6		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62450.00	10727393.89
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	62450.00	10727393.89
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	62450.00	10727393.89
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	62450.00	10727393.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	62450.00	10727393.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-45291.00	1197017.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-45291.00	1197017.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	164287.50	10460786.25
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	10000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	10000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1386.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	118996.50	11669190.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118996.50	11669190.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	62450.00	10727393.89
34. Total Contribution Refunds (from Line 28(d))	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	62450.00	10717393.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-45291.00	1197017.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-45291.00	1197017.89

: 97 'A-G79 @5 B9CI G'H9LH'F9 @5 H98 'HC'5 'F9DCFH'ZG7 <98I @ 'CF' +H9A-N5 HCB

Form/Schedule: F3XN

Transaction ID :

This report shows on Line 21b certain negative amounts in reference to the following advance payments reported on the Pre-General Report: 720 Strategies LLC dated 10/20/16 for \$4,450.00, Meath Media Group dated 11/01/16 for \$56,000.00, and Meath Media Group dated 11/04/16 for \$12,000. The corresponding positive amounts are reflected on Line 24 as a transfer of the advance payment to 720 Strategies LLC dated 10/20/16 for \$4,450.00 for Facebook ad costs in support of Johnny Isakson, and as transfers of the advance payments to Meath Media Group of \$56,000 on 11/1/2016 and \$12,000 on 11/4/2016 for online video production costs of \$4,000 in support of each the following 17 candidates: Rep. Tom W. Reed II, Rep. Robert J. Dold Jr., Rep. Joe Heck, Rep. Barbara J. Comstock, Rep. Mike Coffman, Rep. Carlos L. Curbelo, Sen. Johnny Isakson, Sen. Kelly A. Ayotte, Rep. David G. Valadao, Sen. Chuck Grassley, Rep. Jeff Denham, Rep. Lou Correa, Sen. Roy D. Blunt, Rep. Josh Gottheimer, Sen. Rob J. Portman, Rep. Rick M. Nolan, Rep. Erik Paulsen. On Schedule E of this Post-General report, the disbursement on 11/04/16 to National Association of REALTORS in the amount of \$5,294.08 was originally reported as an estimated amount of \$5,394.12 in the 24-hour report on Schedule E, page 25, filed on 11/01/16.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 43

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Liberty Title Inc.

Mailing Address 901 West Hwy 10 Suite 100

City
Anoka

State
MN

Zip Code
55303-1582

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2016

Transaction ID : A4A9F5F33F881457DB90

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Metro Search Incorporated

Mailing Address 6300 Dutchmans parkway

City
Louisville

State
KY

Zip Code
40205-3311

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2016

Transaction ID : AC1D84CDE53484B8287E

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MTRMLS INC

Mailing Address 301 SEVEN SPRINGS WAY

City
Brentwood

State
TN

Zip Code
37027-4550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 11 / 2016

Transaction ID : A6CFF12C37BAC49FAA92

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Multiple Listing Service of Long Island, Inc.

Mailing Address 300 Sunrise Highway

City
West Babylon

State
NY

Zip Code
11704-5902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

22900.00

Date of Receipt

11 / 11 / 2016

Transaction ID : A11FC33A1F6834878A82

Amount of Each Receipt this Period

22900.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NATIONAL ASSOCIATION OF REALTO, ., ., .

Mailing Address 430 N Michigan Avenue

City
Chicago

State
IL

Zip Code
60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corporation

Occupation (for Individual)
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10153865.00

Date of Receipt

10 / 31 / 2016

Transaction ID : A5C9292A242B34103A38

Amount of Each Receipt this Period

8081.00

☐ Memo Item

In-Kind: Administrative support and solicitation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATIONAL ASSOCIATION OF REALTO, ., ., .

Mailing Address 430 N Michigan Avenue

City
Chicago

State
IL

Zip Code
60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corporation

Occupation (for Individual)
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10172943.00

Date of Receipt

11 / 23 / 2016

Transaction ID : A54EAFFA4CEE9471CB39

Amount of Each Receipt this Period

19078.00

☐ Memo Item

In-Kind: Administrative support and solicitation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50059.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. South Jersey Shore Regional ML

Mailing Address 204 E. White Horse Pk, Box 507

City

Absecon

State

NJ

Zip Code

08201-9563

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

11 / 23 / 2016

Transaction ID : AFF350FF4575E4E72B1F

Amount of Each Receipt this Period

1250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. William Raveis Real Estate

Mailing Address 7 Trap Fall Road

City

Shelton

State

CT

Zip Code

06484-4617

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

11 / 23 / 2016

Transaction ID : A1C318C0FF9504CFBB98

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Williamsburg Multiple Listing Service, Inc.

Mailing Address 5000 New Point Rd Suite 1101

City

Williamsburg

State

VA

Zip Code

23188-9411

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

641.00

Date of Receipt

10 / 21 / 2016

Transaction ID : A2D71F0CDD45D4315905

Amount of Each Receipt this Period

641.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4391.00

62450.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. 720 Strategies LLC

Mailing Address 1111 19th St NW

City
WashingtonState
DCZip Code
20036-3603Purpose of Disbursement
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			20			2016					

FEC Identification Number

C**Transaction ID : B2A4B34076**

Amount of Each Disbursement this Period

-4450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meath Media Group

Mailing Address 4441 Kingle St., NW

City
WashingtonState
DCZip Code
20016-3578Purpose of Disbursement
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2016					

FEC Identification Number

C**Transaction ID : B887AD35851**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meath Media Group

Mailing Address 4441 Kingle St., NW

City
WashingtonState
DCZip Code
20016-3578Purpose of Disbursement
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2016					

FEC Identification Number

C**Transaction ID : B3B26CE340**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-12450.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C**Transaction ID : BF5B5D77FB**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C**Transaction ID : B61CCCCF77**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C**Transaction ID : B10D7FE0E5**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-12000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C**Transaction ID : BD7CBF0F78**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C**Transaction ID : B6CD2DA53A**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C**Transaction ID : BD239BE579**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-12000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578Purpose of Disbursement
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2016					

FEC Identification Number

C **Transaction ID : BCFE5A9916**

Amount of Each Disbursement this Period

 -4000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578Purpose of Disbursement
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2016					

FEC Identification Number

C **Transaction ID : B9FB2B9D81**

Amount of Each Disbursement this Period

 -4000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578Purpose of Disbursement
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			01			2016					

FEC Identification Number

C **Transaction ID : B68119B949**

Amount of Each Disbursement this Period

 -4000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► -12000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C**Transaction ID : BFE7ED4591**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C**Transaction ID : B287327903B**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C**Transaction ID : B99115699C**

Amount of Each Disbursement this Period

-4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C **Transaction ID : BD8F61DD86**

Amount of Each Disbursement this Period

 -4000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C **Transaction ID : BC0A06F1E8!**

Amount of Each Disbursement this Period

 -4000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2016			

FEC Identification Number

C **Transaction ID : BE1438D006**

Amount of Each Disbursement this Period

 -4000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► -12000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 43

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. NATIONAL ASSOCIATION OF REALTO, ., ., .

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

Mailing Address 430 N Michigan Avenue

City
ChicagoState
ILZip Code
60611-4011

Purpose of Disbursement

In-Kind: Administrative support and solicitation

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : B14664D294

Amount of Each Disbursement this Period

8081.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF REALTO, ., ., .

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2016

Mailing Address 430 N Michigan Avenue

City
ChicagoState
ILZip Code
60611-4011

Purpose of Disbursement

In-Kind: Administrative support and solicitation

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : B4EF01B475

Amount of Each Disbursement this Period

19078.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

27159.00

TOTAL This Period (last page this line number only)..... ►

-45291.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address 1111 19th St NW				Amount 4450.00	
City Washington		State DC	Zip Code 20036-3603	Transaction ID : E0E99C2E24E144E9CBF0 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Facebook Ad costs			Category/ Type	M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: Isakson, Johnny, , Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address 4441 Klinge St., NW				Amount 4000.00	
City Washington		State DC	Zip Code 20016-3578	Transaction ID : E76F5A3691CFD4CC3B0E Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Online video production costs			Category/ Type	M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: Blunt, Roy, D., Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				8450.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY											
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2016 </div>							
Mailing Address 4441 Klinge St., NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4000.00 </div>							
City Washington		State DC		Zip Code 20016-3578							
Purpose of Expenditure Online video production costs				Transaction ID : E94FFF6970FB54DF696D Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>							
Name of Federal Candidate: Correa, Lou, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>46</u> State: <u>CA</u>							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 32561.62 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2016 </div>							
Mailing Address 4441 Klinge St., NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4000.00 </div>							
City Washington		State DC		Zip Code 20016-3578							
Purpose of Expenditure Online video production costs				Transaction ID : ED7C8DFDC089E493ABB Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>							
Name of Federal Candidate: Gottheimer, Josh, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>05</u> State: <u>NJ</u>							
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1880217.12 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div> </td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div>	(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div>										
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>McGrew, Michael, , ,</u>				Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 12 / 08 / 2016 </div>							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee Meath Media Group <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
Mailing Address 4441 Klinge St., NW			Amount <div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
City Washington	State DC	Zip Code 20016-3578	<div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Online video production costs		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Transaction ID : E42EBD7D787A0414CB19 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: Ayotte, Kelly, A., Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)		
Calendar Year-To-Date Per Election for Office Sought <div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)		
Full Name of Payee Meath Media Group <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
Mailing Address 4441 Klinge St., NW			Amount <div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
City Washington	State DC	Zip Code 20016-3578	<div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Online video production costs		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	Transaction ID : EB9F4928109814B0E966 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
Name of Federal Candidate: Isakson, Johnny, , Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)		
Calendar Year-To-Date Per Election for Office Sought <div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
(a) TOTAL Independent Expenditures			<div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u> <div style="text-align: center;">[Electronically Filed]</div>			Date <div style="display: flex; justify-content: space-between;"> <div><div>M M</div><div>/</div><div>D D</div><div>/</div><div>Y Y Y Y Y Y</div></div> </div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 					
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4441 Klinge St., NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Washington		State DC		Zip Code 20016-3578	
Purpose of Expenditure Online video production costs				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Valadao, David, G., Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 21 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4441 Klinge St., NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Washington		State DC		Zip Code 20016-3578	
Purpose of Expenditure Online video production costs				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Grassley, Chuck, , Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>					
(a) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>					
(a) TOTAL Independent Expenditures ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y														
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016										
Mailing Address 4441 Klinge St., NW				Amount 4000.00										
City Washington		State DC		Zip Code 20016-3578										
Purpose of Expenditure Online video production costs				Category/Type 										
Name of Federal Candidate: Denham, Jeff, , Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA										
Calendar Year-To-Date Per Election for Office Sought 9399.12				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016										
Mailing Address 4441 Klinge St., NW				Amount 4000.00										
City Washington		State DC		Zip Code 20016-3578										
Purpose of Expenditure Online video production costs				Category/Type 										
Name of Federal Candidate: Dold, Robert, J., Rep., Jr.				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL										
Calendar Year-To-Date Per Election for Office Sought 786117.62				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px;">8000.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	8000.00	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	8000.00												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>McGrew, Michael, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016										
[Electronically Filed]														

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2016 </div>	
Mailing Address 4441 Klinge St., NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4000.00 </div>	
City Washington		State DC	Zip Code 20016-3578	Transaction ID : EE3043E0EFA2413EB1A Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Online video production costs			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Curbelo, Carlos, L., Rep.,				Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">36254.12</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2016 </div>	
Mailing Address 4441 Klinge St., NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4000.00 </div>	
City Washington		State DC	Zip Code 20016-3578	Transaction ID : E113061BFE83A497B957 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Online video production costs			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Heck, Joe, , ,				Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1514825.62</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 12 / 08 / 2016 </div>	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address 4441 Klinge St., NW				Amount 4000.00	
City Washington		State DC	Zip Code 20016-3578	Transaction ID : E1D8796DBC5AA49368AE Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Online video production costs			Category/ Type	M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: Coffman, Mike, , Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>06</u> State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address 4441 Klinge St., NW				Amount 4000.00	
City Washington		State DC	Zip Code 20016-3578	Transaction ID : E092DE068FC914022923 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Online video production costs			Category/ Type	M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: Comstock, Barbara, J., Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>10</u> State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				8000.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2016 </div>		
Mailing Address 4441 Klinge St., NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4000.00 </div>		
City Washington	State DC	Zip Code 20016-3578	Transaction ID : E4F9ACC43204044B7823 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Purpose of Expenditure Online video production costs		Category/ Type 			
Name of Federal Candidate: Reed, Tom, W., Rep., II			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 9399.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 04 / 2016 </div>		
Mailing Address 4441 Klinge St., NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4000.00 </div>		
City Washington	State DC	Zip Code 20016-3578	Transaction ID : EB742B5FD12EA46C6A99 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Purpose of Expenditure Online video production costs		Category/ Type 			
Name of Federal Candidate: Nolan, Rick, M., Rep.,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>		
Calendar Year-To-Date Per Election for Office Sought 723146.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">8000.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>		[Electronically Filed]		Date MM / DD / YYYY 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 4441 Klinge St., NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4000.00</div>	
City Washington		State DC		Zip Code 20016-3578	
Purpose of Expenditure Online video production costs				Category/Type 	
Name of Federal Candidate: Portman, Rob, J., Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: OH	
Calendar Year-To-Date Per Election for Office Sought 987095.12				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ 	
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 4441 Klinge St., NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4000.00</div>	
City Washington		State DC		Zip Code 20016-3578	
Purpose of Expenditure Online video production costs				Category/Type 	
Name of Federal Candidate: Paulsen, Erik, , Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: MN	
Calendar Year-To-Date Per Election for Office Sought 37509.08				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ 	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;">8000.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
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Signature <u>McGrew, Michael, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 12 08 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y														
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2016										
Mailing Address 430 N Michigan Ave				Amount 52.50										
City Chicago		State IL		Zip Code 60611-4011										
Purpose of Expenditure Consulting Services				Category/Type 										
Name of Federal Candidate: Isakson, Johnny, , Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA										
Calendar Year-To-Date Per Election for Office Sought 1579030.25				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016										
Mailing Address 430 N Michigan Ave				Amount 105.00										
City Chicago		State IL		Zip Code 60611-4011										
Purpose of Expenditure Consulting Services				Category/Type 										
Name of Federal Candidate: Curbelo, Carlos, L., Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL										
Calendar Year-To-Date Per Election for Office Sought 36254.12				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">157.50</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	157.50	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	157.50												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Signature <u>McGrew, Michael, , ,</u>				Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016										

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 5294.12 </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EC876AE9BA99148B69BE Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Purpose of Expenditure Online video production costs		Category/ Type	<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Name of Federal Candidate: Isakson, Johnny, , Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 1588429.37 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 5294.12 </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E51A46A0ED2644D7B811 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Purpose of Expenditure Online video production costs		Category/ Type	<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Name of Federal Candidate: Reed, Tom, W., Rep., IL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 9399.12 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 10588.24 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, , ,</u>			Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 12 / 08 / 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right;"> New report Amends report filed on MM / DD / YYYY </div>					
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2016 </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 105.00 </div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E7E38542BD9E444158FA Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Purpose of Expenditure Consulting Services		Category/ Type 			
Name of Federal Candidate: Correa, Lou, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 46 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 32561.62 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2016 </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5294.12 </div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E0BF20C911B214A598D8 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Purpose of Expenditure Online video production costs		Category/ Type 			
Name of Federal Candidate: Gottheimer, Josh, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1880217.12 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5399.12 </div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5399.12 </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature McGrew, Michael, , ,		[Electronically Filed]		Date MM / DD / YYYY 12 / 08 / 2016 	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>					
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 430 N Michigan Ave			Amount 5294.12		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EC1443871D1814E4BAD8 Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Online video production costs		Category/ Type 			
Name of Federal Candidate: Comstock, Barbara, J., Rep.,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought 9399.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 430 N Michigan Ave			Amount 5294.12		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EC3ED6224FB454056AFB Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure Online video production costs		Category/ Type 			
Name of Federal Candidate: Valadao, David, G., Rep.,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 37561.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			10588.24		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>			Date MM / DD / YYYY 12 / 08 / 2016		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee National Association of REALTORS			<input type="checkbox"/> Memo Item		
Mailing Address 430 N Michigan Ave			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>		
City Chicago		State IL	Zip Code 60611-4011		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.00</div>
Purpose of Expenditure Consulting Services			Category/Type		Transaction ID : E6C2C30C432854B76805 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Name of Federal Candidate: Reed, Tom, W., Rep., II			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9399.12</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee National Association of REALTORS			<input type="checkbox"/> Memo Item		
Mailing Address 430 N Michigan Ave			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>		
City Chicago		State IL	Zip Code 60611-4011		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.00</div>
Purpose of Expenditure Consulting Services			Category/Type		Transaction ID : E02593F6FB92D4C2FA82 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Name of Federal Candidate: Valadao, David, G., Rep.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">37561.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">210.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 08 / 2016</div> </div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2016 </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5294.12 </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E1EA91CE1F08740D087F Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Online video production costs		Category/ Type 		
Name of Federal Candidate: Ayotte, Kelly, A., Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought 9399.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 01 / 2016 </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 105.00 </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E9C7965176C94488E990 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Consulting Services		Category/ Type 		
Name of Federal Candidate: Heck, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 1514825.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5399.12 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5399.12 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, , ,</u>			Date MM / DD / YYYY 12 / 08 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5294.12</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EF82FAB633E0641E4985 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Online video production costs		Category/ Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Correa, Lou, , ,	
Calendar Year-To-Date Per Election for Office Sought 32561.62			Office Sought: <input checked="" type="checkbox"/> House District: 46 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5294.12</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EBAEE2CD0E78C45A68B Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Online video production costs		Category/ Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Heck, Joe, , ,	
Calendar Year-To-Date Per Election for Office Sought 1514825.62			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">10588.24</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, , ,</u>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 08 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5294.12</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E3C340BE1B4DD4DAC975 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>	
Purpose of Expenditure Online video production costs		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate: Blunt, Roy, D., Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">39009.12</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5294.12</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EC9823A3972E242E29B5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>	
Purpose of Expenditure Online video production costs		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate: Grassley, Chuck, , Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9399.12</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">10588.24</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 08 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5294.12</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E07CAF9B460EB4DAF93A Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Online video production costs		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: Dold, Robert, J., Rep., Jr.			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">786117.62</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">105.00</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E6127CDC8CC0A4572A4E Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Consulting Services		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: Dold, Robert, J., Rep., Jr.			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">786117.62</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">5399.12</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>McGrew, Michael, ,</i>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>					
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 11 / 01 / 2016 </div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E75E633E1D3F94D33B6B Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>		
Purpose of Expenditure Consulting Services		Category/ Type 			
Name of Federal Candidate: Grassley, Chuck, , Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>		
Calendar Year-To-Date Per Election for Office Sought 9399.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 11 / 01 / 2016 </div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E4CE9BD0F4A9C495A8C9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>		
Purpose of Expenditure Consulting Services		Category/ Type 			
Name of Federal Candidate: Blunt, Roy, D., Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MO</u>		
Calendar Year-To-Date Per Election for Office Sought 39009.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 210.00 </div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>		[Electronically Filed]		Date 12 / 08 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 430 N Michigan Ave			Amount <input type="text"/>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EF451751DD59C429684D Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Consulting Services		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Comstock, Barbara, J., Rep.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 State: VA		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9399.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 430 N Michigan Ave			Amount <input type="text"/>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E93DEA257633D40E6B0D Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Consulting Services		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Denham, Jeff, , Rep.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 State: CA		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9399.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 210.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

McGrew, Michael, , , [Electronically Filed]
 Signature Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 01 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5294.12</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E7E66EB13C31F4223924 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure Online video production costs		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Denham, Jeff, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 10 State: CA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">9399.12</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">11 / 01 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.00</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EF222C74CBF334D9EAD2 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> </div>
Purpose of Expenditure Consulting Services		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Coffman, Mike, , Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 06 State: CO	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">813227.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">5399.12</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature McGrew, Michael, ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">12 / 08 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5294.12</div>	
City Chicago		State IL		Zip Code 60611-4011	
Purpose of Expenditure Online video production costs				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Coffman, Mike, , Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate				District: 06 State: CO	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">813227.62</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.00</div>	
City Chicago		State IL		Zip Code 60611-4011	
Purpose of Expenditure Consulting Services				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Ayotte, Kelly, A., Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate				District: State: NH	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">9399.12</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General				2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">5399.12</div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 12 / 08 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.00</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E29CAEF0FE2254725BE5 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Consulting Services		Category/ Type 		
Name of Federal Candidate: Gottheimer, Josh, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought 1880217.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5294.12</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EB11F67C35AF14D4CA18 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Online video production costs		Category/ Type 		
Name of Federal Candidate: Curbelo, Carlos, L., Rep.,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 36254.12			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">5399.12</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, , ,</u>			Date MM / DD / YYYY 12 / 08 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 430 N Michigan Ave			Amount 105.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EAB0CA968ACB345CEB8 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Consulting Services		Category/ Type 		
Name of Federal Candidate: Isakson, Johnny, , Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: GA	
Calendar Year-To-Date Per Election for Office Sought 1588429.37			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 430 N Michigan Ave			Amount 105.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E50FDB8E41FED4C69AF8 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Consulting Services		Category/ Type 		
Name of Federal Candidate: Nolan, Rick, M., Rep.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: MN	
Calendar Year-To-Date Per Election for Office Sought 723146.62			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			210.00	
(a) SUBTOTAL of Unitemized Independent Expenditures			 	
(a) TOTAL Independent Expenditures			 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, , ,</u>			Date MM / DD / YYYY 12 / 08 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 04 / 2016 </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 105.00 </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E22652452393D4B40BFC Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Consulting Services		Category/ Type 		
Name of Federal Candidate: Portman, Rob, J., Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH	
Calendar Year-To-Date Per Election for Office Sought 987095.12 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 11 / 04 / 2016 </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5294.12 </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EFD00D75E121047EFB34 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure Online video production costs		Category/ Type 		
Name of Federal Candidate: Nolan, Rick, M., Rep.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> President State: MN	
Calendar Year-To-Date Per Election for Office Sought 723146.62 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5399.12 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, , ,</u>			Date MM / DD / YYYY 12 / 08 / 2016 	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div> </div>	
Mailing Address 430 N Michigan Ave				
City Chicago	State IL	Zip Code 60611-4011	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 5294.12 </div>	
Purpose of Expenditure Online video production costs			Transaction ID : EC72E6625B87A421790F Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Portman, Rob, J., Sen.,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 987095.12 </div>				

Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">11</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2016</div> </div>	
Mailing Address 430 N Michigan Ave				
City Chicago	State IL	Zip Code 60611-4011	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 5294.08 </div>	
Purpose of Expenditure Online video production costs			Transaction ID : E020F3791B83248EB875 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Paulsen, Erik, , Rep.,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 37509.08 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	10588.20
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

McGrew, Michael, ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

12

08

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 43
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 11 / 04 / 2016 </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : ED462B7330FB248CAB61 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Purpose of Expenditure Consulting Services		Category/ Type 		
Name of Federal Candidate: Paulsen, Erik, , Rep.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought 37509.08			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> / / </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Purpose of Expenditure		Category/ Type 		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> / / </div> 105.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> / / </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> / / </div> 164287.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

McGrew, Michael, ,

[Electronically Filed]

Date MM / DD / YYYY

12 / 08 / 2016